

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 599340

FILING DATE

09-26-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3	2		1			
4	2		1			
5	2		1			
6	2		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	2		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	1		1			
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48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	28	←	23	←		
TOTAL CLAIMS	30		25			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.			←		←	
TOTAL CLAIMS			←		←	